PLEASE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11398

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED; (For newborn infants give residence of mother)
County Tables T	State 241 County Carrele
(If outside city of town limits, write RURAL and give nearest town)	cut town town Cotton
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital institution, or street address where death occurred:	Street No.
Consequency Hospital	(If rurai, give LOCATION)
How long in hospital or iffstitution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
trank Brown all	raugh
4. Sex 5. Color or race 6.(a) Single, marked, widowed, or divorced	MEDICAL CERTIFICATION
M. 21. Widowed	20. DATE OF DEATH 2007 26 19 48 at 1:45 M
Clara Frale	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	NOD. 1 18 48 to NOD. 26 18 48
7. Birth date of	and that I last saw h. I. Mo., alive on
deceased (mo., day, yr.) Mar. 26. 1875	Immediate cause of death.
8. AGE: Years Months Days If less than one day	Cormany thronboos 191 rela
73 8 0hrsmin.	
9. Birthplace Fibrity low Frell Ga Ly	Oue to
(20wn, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name College War land	Dther conditions
13. Birthplace Mary land	(Include pregnancy within 3 months of death)
14. Maiden name Livy Phykorfer	
14. Maiden names Place Mary land	Major findings of operations.
21 15. Birthplace	Date of op.
16. Informant	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Delouh 24d.	22, VIOLENCE: If death was due to external causes, fill in the following:
17 Brick Date thereof 200-29, 1948	
(Burial, cremetica, or removal. Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location little low life.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Burle Hartaler	Means of Injury Injured at work?
02/10000	Research H. Olin
Address alvoors bor 190.	23. SIGNATURE DEMAIS OULLOS M.V.
19 29 Nor 1948 Elizabeth y Hech	Address Frederick, Md. Date signed Not. 30, 48
(Date rec'd by registrar) Registrar	Address Quite signed UU!

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BUREAU Y. S.

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Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11399

4:10P

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FILM No. G 118 NOV 18 1948 CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Frederick County Frederick-Rural R. F. D. #2 City or the place of death? How long in above place of death? Hospital, institution, or street address where death occurred: State Highway #240, near Urbana How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
HARRY CLIFTON ANDERSON	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W M	20. DATE DE DEATH
6.(b) Name of backers or wife Mary Frances McElfresh 6.(c) If alive, give age 74 7. Birth date of deceased (mo., day, yr.) September 2, 1871 1877 8. AGE: Years Months Days If less than one day 71 2 8 hrs. mln. Frederick County Maryland 9. Birthplace (Town, county, and stote) Farm Laborer	21. I CERTLEY that death occurred on the date above stated: that I allended deceased from 19. to 19. and that I last saw h Am. after on 19. Immediate cause of death. OURATION Death of the date above stated: that I allended deceased from 19. to 19. OURATION
10, Usual occupation.	Due to
11. Industry or business 12. Name	Other conditions
16. Intermant Clifford E. Anderson	Actopsy resolts
Address Hyattstown, Maryland Burial Oate thereof 11/12/48 Cemetery or cremetory Methodist Cemetery Location Hyattstown, Maryland 18. Funeral director Hyattstown, Maryland Address Hyattstown, Maryland Location Hyattstown, Maryland Address Hyattstown, Maryland Chate rec'd by registrary Registror Registror	22. VIOLENCE: If death was due to external auses, fill, in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of Injury Culo accident injured at work? 23. SIGNATURE 23. SIGNATURE A SS + Deputy Medical Rocantainer Ernederick Mary Land

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NCV 15 1948

BUNEAU V. S.

2411 N. Charles St., Baltimore

information carefull, of death clearly and

BINDING

MARGIN RESERVED FOR

WRITE

PLEASE

A15 S

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland County Frederick	
City or team (If outside city or town limits, write RURAL and give nearest town)	Fraderi ele	
How long In above place of death? Lifetime	City or town (If outside city or town limits, write RURAL and give neare	st town)
Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital	Street No. 132 West Church Street	
	(If rural, give LOCATION) None	
How long in hospital or Institution? 10 Days	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security No	ımber
JAMES EDGAR BARTGIS, SR.	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Widowed	2D. DATE DF DEATH November 13th 1848	1:30 A
6.(b) Name of husband or wite Minnie E. Speaks Bartgis	21. I CERTIFY that death occurred on the date above stated; that I attended decease	3 19 43
7. Birth date of	and that I last saw h. A. alive on	19 48
deceased (mo., day, yr.) December 1, 1883	Immediate cause of death	DURATION
8. AGE: Years Months Days tt less than one day	Sas Jan Tiene	2 chays
64 11 12hrsmin.		
9. 8irthplace Frederick, Maryland (Town, county, and state)	Due to Infection in ampertation	4 days
10. Usual occupation Salesman	Due to Shabitis Mellitus E	
11. Industry or business Singer Sewing Machine Co.	arturiluris	Sincer
E 12 Name James E. Bartgis	Dither conditions	0
James E. Bartgis 12. Name Middletown, Maryland		
Emma Jones	(Include pregnancy within 3 months of death)	
14. Maiden name Emma Jones 15. Birthplace Graceham, Maryland 15. James Edgar Bartgis. Jr.	Major findings of operations Jananew of Jues -	
15. Birthplace Graceham, Maryland	Date of op.	NV. 10
To. Illustriant	Autopsy results	atistically.
Address Frederick, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Bate thereof November 13, 1948 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or exemptory Mount Olivet Cemetery	Where did injury occur?	(State)
tocation Frederick, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. C. E. Cline & Son	Misens of Injury Injured at work?	
Address Frederick, Maryland	23 SIGNATURE Frank at borthingh	
19. \\ 3 \\ \(\text{(Date rec'd by registrar)}\) Registrar	() M. D. or	other N 13-49



NOV 16 1948

MIWEAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefulz: The case write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Brederich	(For newporn infants give residence of mother)
	Stata County County
City or tewn	m Idletain bad.
How long to above pieca of death?	City or town
Hoapilat, Inatitution, or etraat eddress where death occurred:	Straat No.
	(If rural, give LOCATION)
Now tong in hospital or isatitution?	2.(a) It veteran, nama war
3. (a) FULL NAME	3. (b) Social Security Number
Kuby May Bowle	
4. \$ea 5. Color or race 9.(a) Single, merried, widowad, or divorcad	MEDICAL CERTIFICATION
Semale white single	20. DATE DE DEATH 2000. 6 19. 48, 21 9404
	21. I CERTIFY that daeth occurred on the date above atead: that I attended deceased from
B,(b) Name of husband or wife	" 1641 Mars 10 4X
. 7, Birth dete af	12 h-16 4 40
. 7. Birth dete at	and that I last aaw held aliva on the same and the same a
deceeaed (mo., day, yr.)	Immediate cause of death
8. AGE: Yeare Months Days If lass than one day	
48 9 27hrami	n.
middletaren Land b. 69	De Dua to Probable pauceatre 2 485
9. Birlhplace (Town, county, and state)	
Lin Beaten)	Cep A.
10. Uzual eccupation	Due to
11. Industry or business	
12. Neme Daniels/January	Dthar conditiona
12. Nema. Marketta Ma	
	(Include pregnancy within 3 months of death)
14. Maidan same Middletown, Ind.	Major fiediogs of operations.
15. Birtholece Middlelown md.	Dete of op.
must be history	Autopsy results.
18. loformant	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address Braddock md.	
B. il. nor 9 194	22. VIOLENCE: It death was due to externel cauaee, till in the following:
(Buriat, ersmation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicida, or homicide
W. There is the Trans	Where did injury occur?
Cematary or crematory	
Location 1 College 10 10 10 10 10 10 10 10 10 10 10 10 10	tnjured at jome, farm, Industry, public piaca (where?)
Gladhiol. Ca	Maana of Injury Injurad at work?
18. Funeral director	() < /1- 1 mgs
Address middletown ord	- 23. SIGNATURE LE HOND
0.000	M. D. or other
1 1 - 1 1 10 14 10 11 11 11 11	all Address Mr. Atl. Ages Bate signed 11-8-48

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2411 N. Charles St., Baltimore

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			CERTIFICAT	TE OF DEAT	Ή	Reg. Dias	. No. 13	51
How long in above p Hospital, Instilution Yellov	DEATH: lerick cederick-Ri ciff outside city or town lit lace of death? 1 Ye y Springs al or Institution?	ealh occurred	R. F. D. #3 URAL and give nearest town)	State Marylar Frede	nts give residence of mond Cousty Prick-Rura ide city or town limits, vo Springs	Frede I R. F	. D.	#3 est town)
3. (a) FULL N.	AME					3. (b) Social	Security N	lumber
	NORMAN 1					214-10		5
4. Sex	5. Color or race	6.(a)Singl	a, married, widowed, or divorced		MEDICAL CER			
M	W		M	20. DATE OF DEATH	Novembe	r 3,	1948	3:55P
7. Birih dale of deceased (mo., d	Dogowi	6.(c) It alive, give age 63 years	and that f last saw h			3	DYRATION
6. 102.	32 11	1	hrsmin.	Genele	ralhen	onha	7-6-	gure.
10. Usual occupat 11. Industry or bus 12. Name 13. Birthpiace	Service States Gulf Service States Gulf Service States Gulf Service Berick	Static ervice Boyer Count	e Station r ty Maryland	,	pregnancy within 3 mo			yean+
15. Birlhplace	Frederick	Coun	ne Warfield ty Maryland oyer	Major findings of operati	OD\$		1 op	
Address R. I 17. Buris (Burial, cremit Cemetery or and Location Ne	F.D.#3, Fred al Bethesde ear Brownin	Date then a Mot) agsvi: Etchi:	oyer ck, Maryland 11/6/48 (month) (day) (year) nodist Cemetery lle, Maryland son and Son Maryland	Autopsy results PHYS1C1AN: Please and 22. V10LENCE: If death Accident, suicide, or homi	was due to external cause cide(City or town) dustry, public place (when	h death should be s, fill in the tollo Da (Count	wing; te ofy) work?	(State)
19. 5 Vos	V 19.4.8	0	habeth & Heck	23. SIGNATURE	ick, Mary	and o	M. D.	M. D. 11-5-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

930

114113 Reg. Diat. No. /37

1. PLACE OF DEATH: County City or town (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where seath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME HARRY BROWN	3. (b) Social Security Number
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced 2. Color of race 6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day hrs. min. 9. Birthplace 11. Industry or business 2. Name 12. Name 13. Birthplace	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 14 NOVEMBER 1948 at 12:32 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 10 19 and that I last saw h. 12 1949 on 14 November 1948 Immediate cause of death DURATION CONGESTIVE HERRY FAILURE 148. Due to 14 November 1948 DURATION Due to 15 1949 Due to 16 1949 Due to 17 1949 Due to 1849 Due to 1949 Due to 1949 Due to 1949 On 1949 Due to 1949 Due
14. Maiden name 15. Birthplace 16. Informant Address Location Location Address Location Address Location Address Location Address Location Address Location Address Location Registrar Registrar	Major fiudiugs uf operatiuus Date of op. Autupsy results. PHYSICIAN: Please underline the cause tu which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. City or town be charged statistically. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maens of injury injured at work? 23. SIGNATURE Address. Address. Date signed

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NOV 19 1948

BUREAU V. S.

Reg. Diat. No

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: It death was due to external causes, till in the following:

(County) (State)

Injured at work?

M. D. orwiner. Date signed...1.1/30

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DEC 2 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11405

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) State
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Orrie Lana Clin	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Maried	MEDICAL CERTIFICATION 2D. DATE DF DEATH MEDICAL CERTIFICATION 19.48, 21 7300
8.(b) Name of husband or wife in School Clint (8.(c) If alive, give age year	21. I CERTIFY that death occurred on the date above stated; that I attended doceaced from 19.3.0 to 19.4.0.
7. Birth date of deceased (mo., day, yr.) July 7- 1876 8. AGE: Years Months Days If less than one day	and that I last eaw h alive on DURATION Immediate cause of death DURATION
72 7 //hrsnlr	
9. Birihplace Treducts to Md (Town, county, and state) 10. Usual occupation Raelroad Trackman	Out Dialetto Pullitus 20 yrs
11. Industry or business 12. Name Longe W Cline 13. Birthplace Ineducing Co Ma	Other conditions
14. Maiden name Hatte Darsey	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informan Horman & Clina (Lou)	Antopsy results
Address MA Cury Md 17 Burial (Burial, cramation, on removal, Wisich?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Pener Green	Where did injury occur?
(1- 8/ 7/- 0	Means of Injury Injured at work?
Address New Markey Mg	23. SIGNATURE O M Vau Faale
19. Ast 1 18 19 48 Clarice (1. Turkle Registra	Address Mt Clery Mid Date signed 1/-18

NG INK. Supply every item of information carefully. The correct age sicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

468

11406

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: County Frederick	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residence of mother)
City or tame Frederick (If outside city or town limits, write RURAL and give nearest town)	state Maryland. county Frederick
(if outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or tows- Frederick (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Frederick Memorial Hospital	Street No. 210 Magnolia Avenue (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
MARY DAVIS FOOLE CORNPROPST, //ary	Daris togle None
S. Solid of face Soliding is, manifest, meanifest, manifest	
Female White Married	20. DATE OF DEATHNOV.ember. 16:0483:30A
8.(b) Name of Austine or Marry E. Cornpropst	21. I CERTIFY that death occurred on the date above atated; that I attended daceaaed from
7. Birth date of	and that I last saw h ex alive on NOY 16 19 X S.
deceased (mo., day, yr.) July 27, 1912	Immediate cause of daath
8. AGE: Years Montha Days If less than one day	
36 3 20	general caransmausis
e. Birthplace. Frederick County, Maryland. (Town, county, and stafe)	Due to
10. Uaual occupationSchool Teacher	Due fo.
11. Industry or businesa	
12 Name Oscar M. Fogle 13 Birthplace Frederick County, Maryland.	Other conditions alcuma I would - dever the
	(Include pregnancy within 3 months of death)
14. Malden name Clara L. Davis 15. Birthplace Frederick County, Maryland. 16. Informant Mr. Harry E. Cornpropst	Major findings of operations.
15. Birthplace Frederick County, Maryland.	Date of op.
16. Informant Mr. Harry E. Cornpropst	Autopsy results
Address 210 Magnolia Ave., Fredk. Md.	
17. Burial Date thereof November 18. 19 (month) (day) (year)	ACCIDENT, sulcide, or homicide
Cometery or community Mount Olivet Cemetery	Where did Injury occur? (City or town) (County) (State)
Localion Frederick, Maryland.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Manna of injury tnjured at work?
	CNO
Cl. Van V. H. a	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Frederito Und Date algred Wor 17-4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11407

CERTIFICATE OF DEATH

Dist No. 145

1. PLACE OF DEATH: County REDERICK Gity or town RURAL — NR. MYERSYILLE (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: U.S. — How long In hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
MILLIAM DHIPLEY DAVI	5 216-22-8663
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MALE WHITE 5/NGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH 15 NOVEMBER 19 48 31.40 P. 1
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 9. Birthplace BIRD HILL CARROLL CO. MD. (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from VEVER 19 19 19 19 19 19 Immediate cause of death SHETRATING LOUNDS DURATION OF HEART, KIGHT AND LEFT LUNGS Due to
10. Usual occupation. TRUCH DRIVER 11. Industry or business 12. Name. WILLIAM HARRISON DAYIS	Due fo Other conditions
14. Maiden name ETHEL MAE SHIPLEY 15. Birthplace CARROLL CO. MD.	(Include pregnancy within 3 months of death) Major fiadiags of operations
Address WESTMINSTER, MD.	Autopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Date (hereof NPV 8 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory 2 10 N METHODIST CEMETERS Location NEAR WESTMINSTER, MD; 18. Funeral director J. FRANCIS REESE	Accident, suicide, or homicide
Address WESTMINSTER, MD, 19. LL Nor 19. 4.X. Dayan Bittle (Date rec'd by registrar) Registrar	23. SIGNATURE Charles M. D. or other Address Friderick M. D. Date signed 11/15/48



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MARYLAND STATE DEPARTMENT OF HEALTH

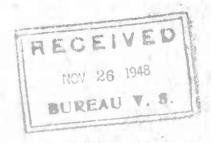
2411 N. Charles St., Baltimore

472 11408

E OF DEATH	Reg. D	iat. No
2. USUAL RESIDENCE (HO	ME) OF DECEASED	
State Maryland	County Cal	vert
City or town Broomes (If outside city or t	town limits, write RURAL	and give nearest town)
Street No.		
2.(a) It veteran, name war	rural, give LOCATION)	
	3. (b) Soci	al Security Number
		09-5288
MEDIO	CAL CERTIFICA	
20. DATE OF DEATH Nove	nber 23,	19.48 a13:45 Am
21. I CERTIFY that death occurred on t	he date above stated: that I	attended deceased from
November 1,	1948 to No	v. 23, 19 48
and that I last saw h im alive on		23. 10 48
	•••••••	Alleation
Carcinoma of	the lungs	4 month
Due to	******************************	
Bue to		

Make and a second secon		
Dther conditions	***************************************	***************************************
(Include pregnaney	within 8 months of death)	
Major findings of operations		
		ot op
Autopsy results	anse to which death abould	be charged statistically.
22. VIOLENCE: It death was due to e		
Accident, suicide, or homicide		Date of
Where did Injury occur?(City		
Injured at home, tarm, Industry, public		
Msana of Injury		at work?
D/	5 .	#1, #30 m l
23. SIGNATURE R. W.	/felle. Ballin,	M. D. Er hiver

				CERT
	OF DEATH			
County	Freder	rick		
City or town.	Mary La	de city or town	ercul	osis Sana URAL and give neare
How long in a	bove place of d	leath?	ince	11/1/48
Hospital, Inst	Itution, or stre	et address where	death occurred	l:
		State S		
		titution?	Trice	11/1/48
3. (a) FUI	LL NAME		-	71
		Melvir		
4. Sex		White	6.(a)Single	e, married, widowed, or di
Mal	e	wnite		Married
	3435555	Mac	Flon	ence Dent
6.(0) Name o	Thusband or W	viteELL		
7. Birth date				e) It alive, give age
		March		902
8. AGE:	Years	Months	Days	It less than one day
	46	8	0	hrs
9. Birthplace	Ma:	ryland (Town,		
		war her	1.0.5.1	
11. Industry				
F	2.7			
	place Ma	aryland		
HA Main	den nameEd	nma Ell	iott	
15. Birth		Maryla	and	
16. Interman	D	atient		
Address				41 6 1
17. 15u	real	removal, Which?	Date there	not nov. 24
		Vatera		rial Cem
Centerery (L'emaiory.Co.	0.	Calus	
Location	Mario	L Creek.	acus	ne o., In
1B. Funeral	director	best l	1. Ita	kuess
Address	m	ectera	e The	540
			1	Modera
19(Date re	c'd by registr	19 ar)	5	Dayon



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

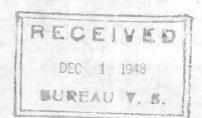
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

144

11409

	Reg. Dist. No
1. PLACE OF DEATH: County J Al Leave M. J Leave M. City or town Russ L. M. Leave M. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Jalenck City or town Residence of mother) (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
Bettie strine Eicholl	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
F W Widowed	20. DATE DF DEATH / Granles 27 19.48, 21 /1 8 4 M
6.(b) Name of husband or wife auderson n. Eicholtz	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from
	Thous 1 - 18 4 5 10 Nove - 27 19 48
7. Birth date of deceased (mo., day, yr.) Nov. 13 1871	and that I last saw h. Age alive on Q. Z
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Sheet disease of a passing Method
77 - 14hrsmin.	valuden in afficiency 3 ym.
9. Birthplace M. Woodsbow, Fred. Co., Md. (Town, county, and state)	Due to.
1D. Usual occupation. Management	Due to
11. Industry or business	Due to
12. Name John W. Strine 7.13. Birtholaco Frederick Co.	Other conditions Port paralytic general
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Miller 15. Birthplace Flederick Co.	Major findings of operations.
\$ 15. Birthplace Flederick Co.	Baje of on.
16. Informant Mrs. ada M. Hoffman	Autopsy results
Address Dlumort Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buil Bate thereof NOV. 30, 1948	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Woodshow Md:	Injured at home, tarm, industry, public place (where?)
18. Funeral director G. C. Barton	Means of Injury Injured at work?
Address Walkersville, Md.	Va the M.D.
19 Mov. 3, 9, 1048 Blanche S. Eggler	23. SIGNATURE M. D. or other M. D. or other
(Date rec'd by registrar)	Address Date signed 11/28/48



2411 N. Charles St., Baltimore

11410

CERTIFICATE OF DEATH

	Reg. Diat. No. J
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Section	State Md. County Frederick
(If outside city or town limits, write RURAL and give nearest town)	City or town Section
ow long in above place of death? 22	(If outside city or town limits, write RURAL and give nearest town)
ospital, institution, or street address where death occurred:	Street No.
	Street No. (If rural, give LOCATION)
	2.(a) If veteran, name war
w long in hospital or institution?	2.(d) IT Yeteran, name war
. (a) FULL NAME	3. (b) Social Security Number
100 1. 10 8 L. Com	
Olyon Jamoje Kory	Cer 2/3-/0-2084
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Il mariod	20. DATE DE DEATH 1200 2 2 19 X8 21/U.301
20 0+++ 0	20, DATE OF DEATH. 19 10 21/ 0130 A.
(h) Home of bushard or will Thova Mae Stilely	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(b) Name of husband or wife	de 19 10 10 11
6.(c) If allve, give age years	
Birth date of deceased (mo., day, yr.) Oct. 23. 1899	
	Immediate cause of death
AGE: Years Months Days It less than one day	Custine min & that 7
49 0 29hrsmin.	"Muy "
7 110 7	
Birthplace (Town, county, and state)	Due to
(Town, county, and state)	
Usual occupation a avoces	Pue le
Line Plant	DUE (U
. Industry or business	-
12. Name Trederick Go. 24d.	Dther conditions
13. Birthplace Frederick Co. 24d.	
	(Include pregnancy within 8 months of death)
14. Maiden name Suura A. Search	Major findings of operations.
14. Maiden name Emma S. Beard 15. Birthplace Frederich Go. Myd.	
1 15. BUTTINDIALO PLANTA DE LA COLOR DE LA	- Date of op.
Interment Mrs. Elyola / B. Coyler	Aotopsy resolts
De til an well	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Address Personal Property Address Property Prope	22. VIOLENCE: If death was due to external causes, fill in the following:
Burel Bale thereof Nov. 25, 1948	A
(Buriol, cremetion, or removal. which?) (month) (day) (year)	Accident, suicide, or homicide. A Cultural Date of
Bocky Hill	Where did injury occur?
Cemetery or exemples.	(City or town) (County) (State)
Location Woodsboro Ma	injured at home, farm, industry, public place (where?) A was Many
10 00 × 1/ + 0.	Mesos of Injury Cought in Self. Injured at work?
8. Funeral director.	To the world Co.
21/2/s for - Wel	De Be boyang has a.
Address a vovois vois, Mac.	23. SIGNATURE
401 22 40 1 C P 00	M, D. or other
(Date rec'd by registrar) Registrar	Address tuding Mil Date signed 1/1.27. US

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

11411

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County Frederick City or Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: I. O. O. F. Home How long in hospital or institution? Since June 15, 1929				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick		
			••••••••••••••••••••••••••••••••••••••			
			RURAL and give nearest town)	City or term (If outside city or town limits, write RURAL and give nearest town) I. O. O. F. Homo		
			d:			
			ne 15, 1929	(If rural, give LOCATION) NONE 2.(a) It veteran, name war.		
3. (a) FULL NA				3. (b) Social Security Nu	mher	
3. (a) TOLL MA.		CHRTS	TINA FIELDING	None		
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION	-	
F	W		W	20. DATE OF DEATH. November 4, 1648 at	11:50A	
	nd or Jam	es W.	Fielding	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from	
		* 4		Sept. 28 19 48 10 Cost. 4	19.4.	
7. Birth date of	A > 2 Cm 2 Cm 2		(c) It alive, give ageyears	and that I last saw h Att. alive on O T	19.4.8	
deceased (mo., day	y, yr.) Augus	Days	It less than one day	Immediate cause of death Fractured hip.	DURATION	
8. AGE: 9:		19	hrs. min.		6 bays.	
				10 10 11	• •	
9. Birthplace H'T'	Oderlck-r	county, and	ick-Maryland	Due to O salemas of wings	- J	
10. Usual occupatio	None					
				Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. Industry or busin	ohn C. Ba	bel		Au	*********************	
12. Name	Camman			Dther conditions	***************************************	
		CAT	lan	(Include pregnancy within 3 months of death)		
14. Maiden nam	Camma	O. Al		Major findings of operations		
		77	- December		****************	
16. Informant I. O. O. F. Home Records			***************************************	Antopsy results	istically.	
Address F	rederick,					
Burial 11/6/48			reof 11/6/48	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide	8/48	
(Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?)			(month) (day) (year)	- Factorial ne		
Cemetery or crometery Mount Olivet Cemetery				Where did Injury occur?	State)	
Location Frederick, Maryland			Maryland	Injured at home, tarm, Industry, public place (where?)	- NC	
18. Funeral director. M. R. Etchison and Son			son and Son	Means of Injury Fall (1/23/4/8.5) injured at work?		
Frederick Meryland			Maryland	The second	1. D.	
Address				23. SIGNATURE	other	
19. 5 YV	18 U.S		lizabeth Ittech	Address Frederick, Maryland Date signed 11	L-5-48	
(Date rec'd by	registrari		A Registrat	AUGIESS		



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churles St., Bultimore

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	V	1	10	

11412

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)
County Esiderick	
City or town (If outside city or town limits, write RURAL and give nearcat town)	State Mangland County County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write KUKAL and give nearest town)
108 n. market Street	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mrs Laura Link	3. (b) Social Security Number
4. Sea 5. Color or race 8.(a) Single, married, widowed, or dispresed-	MEDICAL CERTIFICATION
Temale White Widow	20. DATE OF DEATH 200. 7 1949 01 11 A M
8. (b) Name of husband or wife Arkansas Fink	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 24 19.48 10.000- 7.1848
5. (c) If alive, give ageyears	and that I last saw h C.Yalive on 2001. C 1848
deceased (mo., day, yr.) Sept. 19, 1870	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION (brebrol Hemorrhog) 10 Lays.
78 / 18min.	
9. Birthplace Carroll County Many land (Town, county, and plate)	Oue fo
10. Usuat occupation Sausework	Due fo.
11. Industry or business acon home	000 10-
H 12. Name Jalvins Reid	Other conditions
13. Birthplace Mo.	(Include pregnancy within 3 months of death)
14. Maiden name Imary Crabby 15. Birthplace Md.	Major fiadiogs of operations
15. Birthplace Md.	Date of op.
18. Informant Mysol Charles Koutson	Autopsy results
Address Linwood, Md.	22. VIOLENCE; If death was due to external causes, fill in the following:
(Burial, cramation, or camous, Wright) (Burial, cramation, or camous, Wright)	Accident, suicide, or homicide
Cemetery or cremators Alfrances Commenters	Whers did [n]ury occur? (City or town) (County) (State)
Location Andrews and Mad.	Injured at home, farm, Industry, public place (where?)
OM Final Mil	Means of Injury Injured at work?
18. Funeral director Sussiliant Confidence of the sussiliant of th	Bernaid O. Humon Jr. M.D.
Address Janeylown Ma.	23. SIGNATURE STRUCTURE A., D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Frederick, Md. Date signed 2001. 7/948

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NOV 9 1948
BURBAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			CERTIFICA	TE OF DEATH	Reg. Dist. No. 131
1. PLACE OF DEATH: County Frederick City or Frederick City or Life (If outside eity or town limits, write RURAL and give nearest town) Life How long in above place of death? Hospital institution, or street address where death occurred: 457-A West South Street How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Frederick City or term (If outside city or town limits, write RURAL and give nearest town) 457-A West South Street (If rural, give LOCATION) None	
3. (a) FULL NAM		ELIZAB	ETH FLAIR		3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a)Singl	married, widowed, or divorced	MEDICAL	CERTIFICATION
F 6.(b) Name of husband	W		M	20. DATE OF DEATH NOVemb	per 29, .48 6:45 A
7. Sirth date of deceased (mo., day, 8. AGE: Year	rs Months	mber 6		and that last saw h slive on	1948, 10 Nov. 29 1948 1948, 29 1948 1948 1948 1948 1948 1948
9. Birihplace				Due to	u Slemani
13. Birthplace	Frederic	ck Cour	nty Maryland nn	(Include pregnancy within	
Frederick County Maryland				Major findings of operations	
	Llliam C. -A W. Sou		r .,Frederick,Md	•	which death should be charged statistically.
Burial (Burial, commation, or removal, Whiteh) Cemetery or cremetory Mount Olivet Cemetery				22. VIOLENCE: If death was due fo exfernal Accident, suicide, or homicide	Date of
Location Frederick, Maryland M. R. Etchison and Son Frederick, Maryland				Injured at home, farm, industry, public place (where?) Means of Injury Injured all work?	

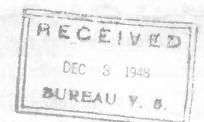
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WRITE PLAINLY, is especially

PLEASE



UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF is especially important.

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(Dats rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

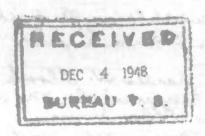
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11414

CERTIFICATE OF DEATH

er. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Fredericke	State Md. County Freder	ich
(If outside city or town limits, write RURAL and give nearest town)	2	
Now long in above place of death?	City or to-	arest town)
Hospital, Institution, or atraat address whera death occurred:	Street No. 317 6. 2 md. St.	
Ludevick Memorial Nospital	(If rural, give LOCATION)	
Now long in hospital or institution?	2.(a) It veteran, name war.	
3. (a) FULL NAME Mystle Elizabeth	Flook 3. (b) Social Security	
4. 8ez) 5. Color or roce 9.(a)Single, married, widowed, or diversed	MEDICAL CERTIFICATION	
Jemale white single	20. DATE OF DEATH 700 30 19.48	1.81P.
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above atated; that I attended doce	
	19 96 to NOO	33 1948
7. Birth date of	and that t last saw h . S zilve on	O 19 4
dacaaaed (mo., day, yr.) // / / / / / / / / / / / / / / / / /	Immediata cause of death	DURATION
o. Aul.	Carcinoma of Cerucy	
50 8 /3min.	viero	2/4/0
8. Sirthplace Middletown, Trederick G., Mrs.	Q Due to	
2/22 6 7 7 7		
10. Uaual occupation.	Due to	
11. Industry or Business		
12. Nome Charles I. Alook 13. Birtholaco Trujeranillo, m.	Other conditions	
\$ 13. Birtholaco Myeranello, md.	(Include pregnancy within 3 months of death)	.,
14. Maiden name Ella Hernes		an sel
	Major findiogs of operations 1310 ps 27 April 16	
\$ 15. Birthplaco / regeraville, Md	Carcina on et Cally Date of op.	
18, Interment Thro. Ella Rines alore	Actorsy results	statistically
Address 3178.2nd. St. Frederick md.		otationeany.
11 Burial Deto thereof Dec. 4, 1948	22. VIOLENCE: the death was due to externel causes, till in the following:	
(Ilurial, eremation, or removal, Which) (month) (day) (year)	Accident, suicide, or homicide	,
Comotory or crematory hutheran Cemetery	Whera did Injury occur?	(State)
Location Middletown Md.	Injured et home, farm, Industry, public place (where?)	
41.16:110	Maana of Injury Injured at work?	
18. Funoral director.	0,00	
Address Middletown Ind.	23. SIGNATURE // Schooling an	(4 W)



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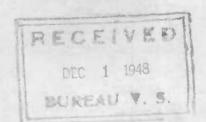
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charleo St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1154

City or town	City or town. City o
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Etta Sue Fragier	3. (b) Social Security Number
Lewel S. Color or race 6.(a) Single, married, widowed, or divorced white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1968 21 9 4 M
5,(b) Name of husband or wife 6.6.(c) If alive, give age years 7. Birth date of	21. I CERTIFICATE death occurred on the date above stated; that I altended deceased from
deceased (mo., dsy, yr.) Oct. 2 1870	Immediais cause of death
8. AGE: Years Months Days It less than one day 18 12hysmin.	Attenoselirasi 5-79
9. 8irthplace	Due to
10. Usual occupation Abusemil	Due to.
11. Industry or business Hornel	00010
12. Name Like Like Like Ling	Other conditions and the conditions of the condi
	(Include pregnancy within 3 months of death)
14. Malden name Mary Bellamey 15. Birthplace Maryland	Major findings of operations
∑ 15. Birthplace Maryland	Date ot op.
16. Informant	Aulopsy results
Address Bunswick Ma	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Date thereof, (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory G. LIN WHOX	Where did injury occur?
Location Sheppingelow 11/4	Injured at home, farm, Industry, public place (where?)
for Josto y Ban	Maans of Injury Journal at work?
18. Funeral director.	deffe on
Address / Musuack Maryland.	/23. SIGNATURE
19. Das 26 1948 Kathryn V. Brown	Address Date signed



C. Supply every item of information careful fine conplease write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

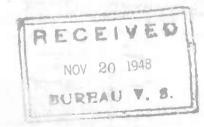
2411 N. Charles St., Baltimore

11416

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County City or town Place of County City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single-married, widowed, or divosed Morried B,(b) Name of heaband or wife	MEDICAL CERTIFICATION 2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Saw. + 1879 8. AGE: Years (Months Days If less than one day 69 10 14 hrs. min.	and that I last saw halive on
1D. Usual occupation	Due to
14. Maiden name Leorgianna Jore 15. Birtholace Frederick Co 16. Intermant Mrs Cora J. Hamilton Address Walkerswille, md.	Major fiudings of operations
17. Buriel Date thereof Mor, 1, 1948 (Burial, cremation, or sement, Which) Cemetery or committee. Mr. Suret Location Frederick and	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. G. Barton. Address Walkersville md. 19. 19. Wart (Date rec'd by registrar) 19. 4. 8. Elizabeth G. Registrar	23. SIGNATURE M. D. or other Address O Late signed.



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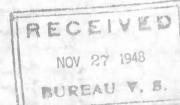
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11417

CERTIFICA	TE OF DEATH Reg. Dist. No. 13
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or Institution?	2.(a) II veleran, name war.
3. (a) FULL NAME James Donald Hilde	brand 3. (b) Social Security Number 5 7 8 - 03 - 5 213
4. Sex 5. Color or race 6. (a) Sample, married, widowed, or divorced white	MEDICAL CERTIFICATION 20. DATE OF DEATH. 22. 19.48. at 7:45 P. N
6.(b) Name of Nusband or wife 1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 1. Birthplace Treatment of Months Days It less than one day (Town, county, and state) 10. Usual occupation 11. Industry or business Mulks plant employee 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Days 18. AGE: Years 19. Days 10. Usual occupation 11. Industry or business Mulks plant employee 11. Signification 12. Name 13. Birthplace 14. Maiden name 15. Birthplace	and that I last saw h. Asia alive on Dec 2 2 19 48 Immediate cause of death
Address 17. (Burial, cremation or removal, Which) Cemetery or treation.	22. VIOLENCE: If death was adde to external causes, fill in the following: Accident, suicide, or homolode
Localion Frederick 1973 18. Funeral director Starkell G. Address Middletown, Id.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. 2 5 19 45 Elizabett & Hock Registrar	23. SIGNATURE M. Dor other Address Widdliften Date signed 11-24-45



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

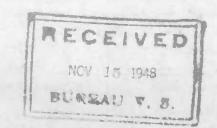
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11418

CERTIFICATE OF DEATH

Reg. Diat. No. 13]

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town limits, write RURAL and give nearest town)	State Mil. County Frederick
How long in above place of death?	(If outside city or townshimits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	P 7 10 /21ing Bile
Frederich Memorial Hospital	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Eliston Butch H	Itrople
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
My 21. Stidown	20. DATE DE DEATH (100 / E) 19 X 8 21 34 M
20 tura mon Leave	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	9450-1 1948 10 NON 10 1948
7. Birth date of	and that I last saw h Man alive on 200 10
deceased (mo., day, yr.) June 21, 1884	Immediate cause of death
8. AGE: Years Months Days It less than one day	
64 4 /9min.	(a, 0, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,
9. Birtholage Frederick En. Myd.	Due to.
(Town, eounty, and atate)	
10. Usual occupation.	Due to
11. industry or business	†
12. Name John LD Holtzople 13. Birthplace Frederick En Mysl.	Dther conditions
3. Birthplace Frederick En Bepl.	
14. Malden name June My Rouge 15. Birtholace Frederich Cor. Myd	(Include pregnancy within 3 months of death)
2 15. Birthplace Frederick Cov. Myd	Major findings of operations and the Company Date of op.
16. Interman Mrs Hary PReaver	Aulopsy results
101 6 1 60 10	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Grand Bridge 1. J. 20	22. VIOLENCE: It death was, due to external causes, till in the following;
17. (Burial, cremation, or ramoval, Which) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or examplery Tarriount	Where did injury occur?
Location Filterly Cown Mod	Injured at home, farm, industry, public place (where?)
18. Funeral director Powell & Hartyler	Means of Injury Injured at work?
Address 2 Voulsborn Mid	cart .
16 h	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) 19. (Date ree'd by registrar) Registrar	Address Tre Level Gel Date signed Protein 18



PLEASE WRITE

(Date rec'd by registrar)

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of	a	ge		and	b	ir	th	
date		sh	101	W23.	on	•		

MARYLAND STATE DEPARTMENT OF HEALTH

			JL,	J.	12	T	-
2							

M. D. or other

Frederick, Maryland

Date signed 11-6-48

date s	shown on:	2411 N. Char	les St., Baltimore	8000	
FILM No.	G 118 NO	V 12 1948 CERTIFICA	TE OF DEATH	Reg. Dist. N	٧٥. 131
How long in above pi Hospital, institution, Frederi	derick oderick If outside city or town in lace of death? or street address where	death occurred:	Monrovia (If outside city or to Bartholov	County Frederi - Rural R. F Cown limits, write RURAL and g WS Tural, give LOCATION)	. D. #1
3. (a) FULL NA	ME	REM HOPKINS		3. (b) Social Sec None	curity Number
4. Sex	5. Color or race	6.(a) Smalle, married, widowed, or divorced	MEDIC	CAL CERTIFICATIO	N
F	C	M		ovember 5th 18	
o. AGE.	ang or	iam E. Hopkins	and that I last saw h	1978, 10 M	19 48 19 48
9. Birthplace	ontgomery (Town. At Home	County Maryland eounty, and state)	Due to		
		y County Maryland st name unknown) y County Maryland Hopkins	Major fiedings of operations	within 3 months of death)	0
		Monrovia, Maryland	PHYSICIAN: Please ooderline the c	caose to which death should he c	charged statistically.
Cemetery or_cree	Friend	ship Cemetery	22. VIOLENCE: if death was due to e Accident, suicide, or homicide Where did injury occur?	or town) (County)	(State)
Location	ear Damasc	us, Maryland	injured at home, farm, Industry, public	place (where?)	,,
18. Funeral directo	J4	tchison and Son	Means of Injury	Injured at wor	rk?
Address	Frederi	ck, Maryland		17 -100	M. D.

Elizabeth 9.

NOV 10 1948

BURGAU V. S.

WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefull, is especially important. Physicians: please write the causes of death clearly and 9-45-15M PLEASE A15

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

County Frederick City or two Frederick City or two Groutside city or town limits, write RURAL and How long in above place of death? 15 Years How long in stitution, or street address where death occurred: Frederick Memorial Hospita How long in hospital or institution? 9 Days	City or town Frederick (If outside city or to Street No. 12 East Sou (If routside city or to Street No. 12 (coucly Frederick county Frede
3. (a) FULL NAME		3. (b) Social Security Number
JANIE E. HOUCK		None
4. Sex 5. Color or race 6.(a) Single, married,	MEDIC	CAL CERTIFICATION
Female White Marrie	d 2D. DATE OF DEATH. NOV	member 9th 19 48 at 1:30 A
6.(b) Name of husband or side William H. Houce 6.(c) It alive, (c) 7. Birth date of Fohnuary 12, 1805	21. I CERTIFY that death occurred on the	ne date above stated; That I aftended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days If less	Immediate pause pf death	DURATION
	man one day Julesting!	Obstuction 9 days
9. Birthplace Baltimore Baltimore Co (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name Benjamin Franklin Pearl 13. Birthplace Baltimore, Maryland	Due 10	within 3 months of death)
14. Maiden name Emma Virginia Jenkin 15. Birthplace Unknown	Major findings of operations Major findings of operations Austral & Observed & Observed	now of eleum to taginal bank
16. Informant Mr. William H. Houck	Autopsy results	ause to which death should he charged statistically.
	month) (day) (year) 22. VIOLENCE: It death was due to expended to expended the company of the c	Date o1
Cemetery or eremetery Mount Olivet Ceme		or town) (County) (State)
Location Frederick, Maryla	nd Injured at home, 12rm, Industry, public	place (where?)
18. Funerat director C. E. Cline & Son	Means of injury	Injured at work?
Address Frederick, Maryla	nd To Co	Neborthungh
19. (Date rec'd by registrar)	23. SIGNATURE July Address July Address July & March	M. D. or other Date signed MV./0 -/9.42

NOV 15 1948

BURGAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEPTIFICATE OF DEATH

0					2	
	Des	Dist	No	1	3	2

CERTIFICAT	Reg. Diat. No.
County (If outside eity or town limits, write RURAL and give nearest town) How long is above piece of deeth? Noepilel, inelitation, or street address where deetly occurred: How long in hospitel or leetitulioe?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Howard m. Nuffer	3. (b) Social Security Number
4. See S. Color or rece S.(a) Single, merried, widowed, of differed male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
8.(b) Hame of husband or wife. Grand Seldneste Sufficient Seldneste 3. Birth date of decessed (mo., dey, yr.) Nov. 5, 1859	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4. 10. 19.4. 10. 19.4. 19.
8. AGE: Years Months Deys If leee thee oee dayhrsmin.	Immediate cause of death DURATION Malmutrain - Cystetri 224
8. Birthplage Middle Tawar of tester of Co. Tas. (Town, county, and state) 18. Usual occupation.	Due to Orlus Scheens 340
11. Industry or business 12. Name David Nuffer 13. Birthplace Neddletology 900	Dither conditions (Include pregnancy within 3 months of death)
14. Meldee name Cana Chalt 15. Birthpiece M Solution, Md. 16. Intermeet Ana. Emma Huffer	Major findings of operations. Dete of op.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If deeth wee due to extereel causes, fill in the following: Accident, suicide, or homicide
Location Suderick Memorial Claim Location Suderick Memorial Claim 18. Fuerel disabell Ca	Where did Injury occur?
Addrese Middletown Md. 19. November 18 18 4 9 Maire Glodhill (Date rec'd by registrer)	23. SIGNATURE Sou Well Dete signed 7/4

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State Maryland Frederick Frederick (If outside city or town limits, write RURAL and give nearest town) Market Space (If rural, give LOCATION) None 2.(a) tf veteran, name war... 3. (b) Social Security Number

(If or	utside city or town limi	ts, write	RURAL and	d give nearest t	own)
ospital, institution, or	of death? Life street address where dea et Space	ath occur	red:		
low long in hospital or	institution?			***************************************	
. (a) FULL NAME					
	CLAUDIA	V.	NUSZ	KIMME	L
l. Sex	5. Color or race	6.(a)Sir	gla, married,	widowed, or divorc	ed -
F	M		M		
42.0	L. F	. K:	immel		
5,(b) Name of husband				79	
7. Birth date of deceased (mo., day, y	.) Septem		3, 11		years
8. AGE: Years		Days	tt less	than one day	
81	2	23		hrs	min.
1D. Usual occupation	derick-Fr At Home ederick N	unty, an			
E 13. 01111111111111	Rachel R	ick	etts		
14. Maiden name	Frederick	Cor	inty !	Marylaı	nd
L interment L.	F. Kimme	1			
Address 20 M	arket Sna	ce.	Fred	erick.	Md.
	Mount 0 Frederi	ck,	et Ce Mary	land	
18. Funeral director	M. R. E	tch	ison	and Son	n.
Address	Frederi	ck,	Mary	land	
		0	1 1	11.	

None MEDICAL CERTIFICATION 2D. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated; DURATION (Include pregnancy within 3 months of death) Major findings of operations....

PHYSICIAN: Please nuderline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the tollowing:

23. SIGNATUS

Accident, suicide, or homicide..... Where did injury occur?(City or town)

Injured at home, farm, Industry, public place (where?)

Address.

(Date rec'd by registrar)

1. PLACE OF DEATH: Frederick

Frederick

tniured at work?



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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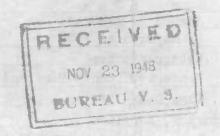
CERTIFICATE OF DEATH

131

				Keg. Dist. No.		
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)		
County	rrede	erick				
City or town	entside city or tewn	erick-	Rural RURAL and give nearest town)			
How tong in above place	e of death?	ifetime	and give heatest town)	City or decided to the control of th		
Hospital, Institution, or	street address where	death occurre	d:	112 Courth Monleat Church	nearest towny	
	mergency	Hospita	1	(If rural, give LOCATION)	***************************************	
How long in hospital o	r Institution?	2 weeks	3	2.(a) It veteran, name war	***************************************	
3. (a) FULL NAM	E			3. (b) Social Securi	ity Number	
	Annie	Clara	Knodle	None	ity available	
4. Sex	5. Color or race	6.(a)Singl	or married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	l wi	dowed	20. DATE OF DEATH November 20th, 19 48	3 at 7 15 10 N	
6.(b) Name of husband	Ben	ton C.	Knodle	21. I CERTIFY that death occurred on the date above stated; that I attended d	leceased trom	
			c) If alive, give ageyea	September 21st 19 48 10 Nov.	20th 19 48	
7. Birth date of			THE HERMAN	and that I lest saw h er alive on November 20th,	19 48	
8. AGE: Years		er 28-	It less than one day	Immediate cause of death	DURATION	
				Immediate cause of death	2 mos:	
83		23.	hrsmin	<u>· </u>		
9. Birthplace	Frederick	County	Maryland	Due to Arteriosclerosis	period	
	Houselse			with senile degeneration	of year	
10. Usual occupation	**	sper		Due to		
11. Industry or busines			4			
12. Name			42	Other conditions		
≾ 13. Birthplace	Pennsyl	vania		(Include pregnancy within 3 menths of death)	*****	
14. Malden name 15. Birthplace	Rebecca	Renner	•			
15 Ririhniace	Frederi	ek Cour	ty Maryland	Major findings of operations.		
			ter	- Date of op		
				Autopsy results. PHYSICIAN: Ptesse undertine the cause to which death should be charge		
	ederick, Ma					
17 Burial		Date them	(menth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or eremato			Cemetery	Where did injury occur?	(State)	
Location	Freder	ick, Ma	ryland	Injured at home, farm, Industry, public place (where?)	10	
19. Funeral director	C.E.Cl	ine and	l Son	Means of Injury Injured at work?		
Address	Freder	ick. Ma	ryland	all orley-		
19. 22 Wy	1948	(ischetting Hech	23. SIGNATURE C. H. Conley, M. D. Rele store	0. XXX 11/20/48	

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The berrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



information carefull of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

53

CERTIFICATE OF DEATH

Reg. Dist. No. 144

		4	KIII ICA	E OI DEATH	Reg. Dist. No. 2	/
1. PLACE OF DEATH: Frederick County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick Thurmont, Md. (If outside city or town limits, write RURAL and give nearest town)		
tospital, Institution, or street address where death occurred:		Street No. (If rural, give				
How long in hospital o	r Institution?		^\+1111101100000000000000000000000000000	2.(a) It veteran, name war		
3. (a) FULL NAM	E ry Estele	Kreitz			3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a) Single, married, widowed	, or divorced	MEDICAL C	ERTIFICATION	
Female	White	Widowed		20. DATE OF DEATHNo.vember6		12:35
7. Birih date ot		ert N. Kreit 6.(c) If allve, give age		21. I CERTIFY that death occurred on the date ab date ab 2 9	ove etated; that I attended decease 48, to November	ed from 6 19 4 5
deceased (mo., day,		Days If less than or	ne day	Immediate cause of death	Theliona	OURATION
69	3	19hrs.	mln.	of brank		/ upv.
1D. Usual occupation. 11. Industry or busines	House	• Cook	»	Due to		10-7
HE 14. Maiden name	Frances Frederi	S. Boyle		(Include pregnancy within 3 Major findings of operations.	-	
	mis	() -	12.	PHYSICIAN: Please underline the cause to w	hich death should be charged st	
Buria (Burial, cremation	Bl n, or removal. Which?)	Date thereot. NOV . (month)	8, 1948 (day) (year)	22. VIOLENCE: If death was due to external ca	Oate ot	
Cemetery or cremat	mitabune	Frederick (Co. Md.	Where did injury occur?(City or town) Injured at home, tarm, industry, public place (v		
LUCATION		000		Injured at home, tarm, industry, public place () Means of Injury	Injured at work?	.,
1B. Funeral director	mitsburg,	Maryland.			lin Direly	Min
19. Date rec'd by r	egistrar)	Wm S. Pryp	Registrar	Address Thurnont	M. D. or	1/6/48



Miss Blacke E. Exter

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11425

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother).
County.	Tred Mark
(If outside city or town limits, write RURAL and give nearest town)	State VIII County / Williams
How long in above place of death? 10 dlup	(if outside ity or town limits, write RURAL and give nearest town)
Hosnital, Institution, or street address where death occurred:	Street No.
Treunico Mennical Hospila	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Etta Jargen	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
F Willowed	20. DATE OF DEATH NOV 17 19 48 01 6.05 A
I Wargen	21. I CERTIFY that death occurred on the data above etated; that I aftended deceased from
6.(b) Namo of hueband or the state of hueband or hueba	100 7 1048 10 MOV 17 10 48
7. Birth dato of yeare	and that I last saw have alive on NOT 17 19.4%
deceased (mo., day, yr.) Oct 17-18-19	Immediate cause of death OUNATION
8. AGE: Yeare Monthe Days If less than one day	
69 # 0min.	Caronous Offerior Sulles
3. Birthplace Cassoll Co. Va	Oue fo.
(Town, county, and state)	
10. Ueuzi occupation	Duo to
11. Indusfry or businees	
# 12. Name 1. 8. Cod	Other conditions
12. Name Va 13. Birthglace Va	
14. Maiden namo Marthu Hugh	(Include pregnancy within 3 months of death)
14. Maiden namo Walled High	Major findiags af operations
Hand Land	Date of op.
18. Informant	Autopsy results
Address Joures Forb, Va	
17. Build Date thereof 1//19/48	22. VIOLENCE: if death was due to esfernal causes, fill in the following:
(Burial, cromation, or replyal. Which?) (month) (day) (yesr)	Accident, euicide, or homicide
Cemetery or Conclus	Where did injury occur? (City or town) (County) (State)
Location Duals turn. Vac	Injured at home, farm, Industry, public place (where?)
70:00: BUDG	Meone of injury // / / / / / / / / / / / / / / / / /
18. Funeral director	(DOI
Address Barrelovelle, Mid	22 SIGNATURE Y// Strome
17 Mars use Elisbert 4 Hoch	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Addrese Tredlech MA: Dato signed 1/1/28

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ADING INK. Supply every item of information careful, Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

V. Dist. No. 137

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
3.(a) FULL NAME Gideon T. her	3. (b) Social Security Number
Mule Solor or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 1948, at 4 30
6.(b) Name of husband or wife OM M. Lane 5.(c) If alive, give age 7.7 years	21. I CERHFY) that death occurred on the date above stated; that I attended deceased from
7. Birth date of 711 8 3 1672	and that I last sawn LLLL alive on 19 48
accesses (mod and his	Immediate cause of death, I know to the DURATION
8. AGE: Years Months Days If less than one day 75 8 3	y st Temoral.
9. Birthpiace Mellessich So. Mary land (Town, county, and space)	Due to Cerebral Securoulog
10. Usual occupation Thus hank	
11. Industry or business A Retired	Due to
12. Name Dideon T. Lease 13. Birthplace — Man land	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sligate H. Spinse Eller	Major findings of operations.
15. Birthplace Many Land.	Date of op.
16. Informant Mus. Dorsy M. Lase	Autopsy results
Address Inwinille. Mil.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Canada Date thereof / - 10 - 48 (Burial, quantition, or removal, Whish?)	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cramation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or erematory Asking and the	Where did injury occur? (City or town) (County) (State)
Location Classion wille Fred Gog Mill	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C.M. Walts	Means of Injury Injured at work?
Address Win Lield. Med.	1 Htea
M. 9 112 Bar 100 1	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Address Muon But Date signed 11-8-48





Frederick, Maryland

Reg. Diat. No.

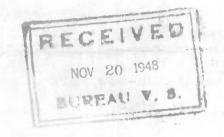
CERTIFICATE OF DEATH

						11081	
1. PLACE OF DEATH: Frederick Oity or laws		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State					
3. (a) FULL NA	ME		ZABETH LOOMIS			3. (b) Social Securit	ty Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		MEDICAL C	CERTIFICATION	
F	W		W	20, DATE OF DEATH	Novem!	ber 19, 19 4	8 ,11
7. Birth date of deceased (mo., da 8. AGE: Ye 8 9. Birthplace	March Months Months	Days 7 Ow Younty, and a	e) if alive, give age	and that I last saw h C.! Immediate cause of dear Ormania	alive on the state of the state	bove stated; that I attended di	
12. Name	William Sc	hool	raft	Other conditions			
13. Birthplace 14. Malden nar 15. Birthplace		Baker	,	Major findings of operat		3 months of death)	
D	r. Bertha	L. Lo	omis	Antoney results			
10, throthant			Frederick, Md.	PHYSICIAN: Ptense un	derline the cause to	which death should be charg	ed statistically
17. Remo	val m. or removal. when?) matory Endicott,	Date them	(month) (day) (year)	Accident, suicide, or hom Where did Injury occur?	(City or town	auses, fill in the following: Date of (County) (where?) Injured at work?	(State)
18. Funerat directo	Frederi	ck, N	Maryland	an eventure /	Bernara	(Lunas)	М.

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PLEASE

(Date rec'd by registrar)



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1. PLACE OF, DEATH:

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MAKYL	AND	STATE	DEPARTMENT	OF	HI.AI.TE

2411 N. Charles St., Baltimore

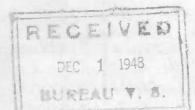
2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No.

County	State May County County County County City or town (If outside city or town limita, write BURAL and give nearest town) Street No. ### (If rural, give LOCATION) 2.(a) It veteran, name war.
Lillie Mal Lower	4
Female white married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MOMENTAL 28 1848 at 1:30 %. N
8,(b) Name of husband or wife. David S. Lowery 7. Birth date of S. (c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 18 4.7 to 200 2.8 18 4.9 and that I last saw h.4.2 alive on MAU. Z. 0 19 4.8
8. AGE: Years Months Days If less than one day min.	Immedia cause of death Duration System
S. Birthplace	Oue to
11. Industry or business Home. 12. Name. William Gwerhart 13. Birthplace Uviginia	Other conditions.
14. Maiden name Catherine Lapole	(Include pregnancy within 3 months of death) Major fiadiags of operations.
16. Informant Mrs. Edgar Virts grs.	Autopsy results. PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address Asumsured 11. 17. Burial, cremation, or removal, Which?) Date thereof. 7. 30 1948. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Dut Ville Maryland	Where did Injury occur?
18. Funeral director D. W. Fills 4. St. S. Address Brunewick Md. Brows 19. Dav. 2 9 18 Sallry H. Brows (Date rec'd by registrar) Registrar	23. SIGNATURE LA Corpenter Address Lauthillie VII Date signed 11/29/48.

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2411 N. Charles St., Baltimore

RTIFICATE OF DEATH

2 USUAL PESIDENCE (HOME) OF DECEASED.

(M)		1 974	Late	CERTIFICAT				
The cor	1. PLACE OF County Fr	adeni c	ek					
nformation careful The coff death clearly and legibly	How long in above i	(If outside city lace of dealh?	or town limits, write 13 year ess where death occurr	ed:				
information carefu	How long in hospit	al or institution?	norial Ho Since N	ov. 15, 1948				
orma	3. (a) FULL N.		RA WOODS					
1 100		5. Color or	race 6.(a)Sia	6.(a)Single, married, widowed, or divorced				
NG of	F	W		W				
VED FOR BINDING		6.(b) Name of husband or Charles W. Magill 6.(c) It alive, give age years						
FOR BII	7. Birth date of deceased (mo.,	Fe	bruary 6	, 1888				
VED E	8. AGE:	Years Mont	hs Days 9 12	If less than one dayhrs,min.				
MARGIN RESERVED NFADING INK. Supp	10. Usual occupat	Clei	(Town, county, and ckmo) Magill nsylvania	i state)				

Mary Moriority

Mrs. Patrick Schnauffer Address 105 W. 2nd St., Frederick, Md.

Clarksbore, New Jersey

Eglington Cemetery

M. R. Etchison and Son

Frederick, Maryland

Ireland

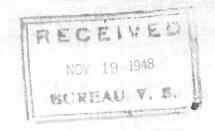
Burial

(Date rec'd by registrar)

Address

2.(a) It veleran, name war.	None	3 (b) Social	Security Number
	الحري أوا		0-5149
	MEDICAL CE		
20. DATE DF DEATH			
21 TCERTIFY that death or	curred on the date abov	e stated; that all	ended deceased from
and that I last saw h. R.	alive on To	w/0	
Immediate cause of death	A		שם יכי
Carons	my de	roucho	ses 40
m - 1-			
Due to	•		
Due to	***************************************		
Diher conditions			
	pregnancy within 3 m		
Major findings of operation			
Autopsy results			ор
PHYSICIAN: Please unde	rline the cause to wh	ich death should b	e charged statistica
22. VIOLENCE: It death			
Accident, suicide, or homic			
Where did injury occur?			
	istry, public place (wh	ere?)	

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLBIRTH

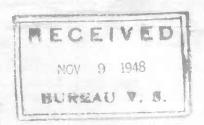
Reg. Dist. No..

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Frederick		State Maryland
	City or ton Frederick		County Frederick
	(If outside city or town limits, write RURAL and give nearest town)		Git or town middletour
	Street address, hospital, or institution:		(If outside city or town limits, write RURAL and give nearest town)
24	Frederick Memorial Hospital	1	Street No
	Length of mother's stay in County(How many years, or months, or days. SVECIFY WHICH)	1	Street No. (If RURAL give LOCATION)
3.	Name of child Balry Boy Marker	4.	Date of birth Nov. 6 1948 Hour. 7: 40AM.
5.	Sex Male 6. Twin or triplet	7.	No. of weeks pregnancy 26 weeks
	FATHER OF CHILD		MOTHER OF CHILD
	Full name Charles austin Marker		Full maiden name Catherine Elizabeth Joy
	Color White10. Age at time of this birth 2 4 yrs.	13.	Color White 14. Age at time of this birth 21 yrs.
11.	Usual occupation Srocer	15.	Usual occupation Housewife
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now dea	ad ?	(c) How many other children were born dead?
17.	Did child die before labor? Lo During labor? Lo	21.	Cause of stillbirth. Please be specific. For terms like
18.			
	separation of Placenta.		(a) Fetal causes
19.	Labor: (a) Complications of Nove.		(b) Maternal causes Premature separation
00	(b) Induced? 2	. 22	of Placenta.
20.	(a) Was there an operation for delivery? (Yes or No)	die	I certify to the birth of this child who was born dead on the date and hour above stated.
	(b) State all operations, if any wine (res or No)		Bornel O Marcal
	(c) Did child die before operation?		Signature Servard O. Jumash. (Specify if M. D., midwife, or other)
	During operation?		Address Frederick, Ud
		li	
23.	(a) Bunk	25.	(a) Lolly 1948 (b) Elizabeth 3 though. (Date rec'd by registrar) (Registrar)
	(c) Cemetery or crematory	26.	
24.	(a) Funeral director.		The above certificate has been examined by me.
	(b) Address Middle towy, Md.		Health Officer, per

V. S. A10

* See Instruction C on stub.





VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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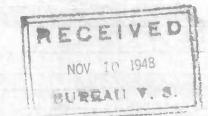
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County. The County	marche Frederick
(If outside city or town limits, write RURAL and give nearest town)	170
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Mr. Market St.
Brail general States	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Trainey O. Mul	217-16-2029A
4. Sex 5. Color or race 6.(a) Single, married, widowed, or discreed	MEDICAL CERTIFICATION
male White Widowed	20, DATE OF DEATH November 7 1948 at 64 M
PICPO:	21. I CERIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of hestand or wife	January 20 1947, 10 200. 7 1948
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Camuary 15, 1870	Immediate cause of death DURATION
8. AGE: Years Months Dy's If less than one day	Cormary thrombosis 3 days
78 9 12hrsmin.	
9. Birtholac Thursmort Frederick Co. Mid	Due to.
(Town, county, and atate)	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Milliagera Milliagera 13. Birthplace Thurmont Mad	Dther conditions
14. Maldon name Mary Seddlinaud	(Include pregnancy within 3 months of death)
5 A The state of t	Majer findings of eperations.
2 15. Birthplace propriet	Date of op,
18, Informant Mills Children William Child	Autopsy results
Address York, Ba 703 Binna are	
17 Barrish Date thereof MAT. 9. 1948	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, escalation, services (Basis) Date thereof. (month) (day) (year)	
Cemetery or seemstory	Where did injury occur?
Location South Market Back Back Back Back Back Back Back Back	Injured at home, farm, industry, public place (where?)
18. Funeral director M. B. Osenger & Sand	Means of Injury Injured at work?
Address Thursman - M.	Bernard Human h M.P.
AUGUSS CO. CA.	23. Signature.
(Date rec'd by registrar) 19. 4 Chaletta 5 Hall	Address Trederiell Md. Date signed U.N. 7, 1948
	- Maniford 100 100 100 100 100 100 100 100 100 10

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KILLARD AND STREET



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CERTIFICATE OF DEATH

Par Dist No 182

	Rog. Diat. No	
1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	. ,
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give n	
How long in above place of death?	Street No	
Now long in hospital er lastilulion?	. 2.(a) If veteran, name war	
3. (a) FULL NAME mary Elizabeth mi	eller 3. (b) Social Security	Number
ferrale white widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19 4	8.11.45
B.(b) Reme of buckand or wife martin & Miller	21. I CERTIFY that death occurred on the date above stated; that I attended dec	seeeed from
7. Sirth dete ef 8.(c) If alive, give age yeer deceased (ma, dey, yr.)	and that I last saw h allve on	19.4
8. AGE: Years Monthe Deye If lees than one day 9 If lees than one day If lees than one day	Immediate cause of death	GURATION
8. Birthpiace Hallen Frederick Co., Dyd.	Due to Jeneral arterosclerosis	
10. Usuel accupation.	Due to	
11. Inductry or businesse 12. Name Eliza Marken 13. Birthaless Hollwille, Pool.	Other conditions Branchitis	
14. Meiden neme Reliecco and Gladhil	(Include pregnancy within 8 months of death) Major findings of operations	
15. Birthpiece Walfsville Pod.		
18, informant	Autopsy results	d statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cometery or cremetery Referenced Cometery	Where did Injury occupy (City or town) (County)	(State)
Location Muddletprins, Mrs.	Injured at home, farm, industry, public place (where?)	
18. Funerel director.	O = 11 1 20 C	
Addrese Middlelown, M.	23. SIGNATURE LE Harp / WW	or other
19. Monthey X 8 19 H Mail Gladesth Registra	11.11.11.4	11-9-11

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

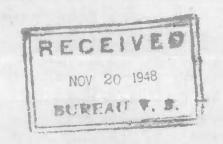
2411 N. Charles St., Baltimore

11434

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County DOCK	Tea-la.
(If outside eity or town limits, write RURAL and give nearest town)	1 PO +
How long In above place of death? 30 yps	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hallie I. Monatte	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
t W widowed	20, DATE OF DEATH NOV. 17 19.48 at 10.55 P.
6,(b) Name of husband or see august monaths	21. I CERTIFY that death occurred on the dale above stated; that I altended deceased from
7. Birth date of	and that I last saw have alive on Mov. 19 - 19 4 &
deceased (mo., day, yr.) Oct. 11 1857	
8. AGE: Years Months Days If less than one day	Immediais cause of death
91 1 6hrsmin.	
9. Birlhplace (Town, county, and state)	Due to.
10. Usual occupation Honsewife	
11. Industry or business	Due to
# 12. Name Frederick Bruckey	ansclerous
13. Birtholace Frederick Co.	Diher conditions.
	(Include pregnancy within 8 months of death)
14. Maiden name. Elisabeth mairs. 15. Birthpiace) Frederick Co.	Major findings of operations.
\$ 15. Birthpiace It redescelle.	Date of op
16. Informant John Christian Monath	Antopsy results
Address Hagensteren md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whiche) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory Union Chapel	Where did Injury occur?
Location Mr. Riberty town	Injured at home, farm, Industry, public place (where?)
40 Bot	Means of Injury Injured at work?
18. Funeral director	G 74 B 00 711 5
Address Walkersville, Ma.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Address Set 3 rufforon Add Date signed 1/10/48







ne correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully in especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Maryland County Frederick		
Cliy or town	RI 1 12 . 1 . He 11.		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Mr. Stuck / gurallohell		
	(If rurs give LOCATION)		
How long in hospital or institution?	2.(a) II veteran, name war		
3. (a) FULL NAME Farmis Butler Mor	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Col married	20. DATE OF DEATH 20 NOVEMBER 1848 21 9: 30/P. M		
6.(b) Name of huebend or wife Labort Agralino Mosses	21. I CERTIFY that death occurred on the date above etated; that I altended deceased from		
6,(c) Il alive, give age yeare	AMENER 18 to 19 and that I last saw h ER alive on 20 November 19 48		
7. Birth date of deceased (mo., dey, yr.) March 4 1911	Immediate cause of death		
8. AGE: Yeare Months Days If less than one day	GUNSHOT WOUND OF BRAIN Sustant		
37 8 //hrsmin.	# A Company of the Co		
Menu land	Due to.		
9. Birthplace	Sue 10.		
1D. Usual occupation Hossians	Due 10		
11. Industry or busineee	Sue 10.		
	Diher conditions		
12. Name Milliam Bullic 13. Birtholace Macy hal			
	(Include pregnancy within 3 months of death)		
14. Maiden name Lillie Guydle 15. Birthplace Mary had	Major findings of operations.		
E 15. Birthplace Mary has	Date of op.		
16. Informant Mrs William Bulles	Autopsy results		
Address Bushetts ville Mr.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
h . 1 21 011 16116	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Sf. Masys	Where did injury occur? NR BURKITTSVILLE TREDERICK, Md. (City or town) (County) (State)		
Petrolle med	Injured at home, farm, Industry, public place (where?) Own Home		
Location 710 + D	Means of Injury RIFLE WOUND Injured at work? No		
18. Funeral director Q. M. Fully 1200			
Address Brunswick Md.	Charles & Contes D. m. D.		
h. 11 1/8 1/ At 1/ Barre	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registrar	Address Frederick and Date signed 21 Nov. 1948		



LAINLY, WITH UNFADING INK. Supply every item of information carefully. The especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

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MARYLAND	STATE	DEPARTMENT	OF	HEAL

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 13

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Frederick	state Maryland county Frederick		
How long in above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)		
nospilal, institution, of street address where death occurred.	Street No. 219 East Sixth Street		
219 East Sixth Street	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
JOHN H. MUNSHOWER	None 214-10-204		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DAT OF DEATH November 11th 19 48 21 7:05 A		
6.(b) Name of house or wife Laura Fraley Munshower 6.(c) It alive, give age 81 years	21. I Confuey that death occurred on the date above stated; that I standed deceased from		
7. Birih date of deceased (mo., day, yr.) August 22, 1874	and that I last saw h		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
74 2 20hrsmin.	Untostinal Shabe 4 De		
9. Birthplace Frederick County, Maryland (Town, county, and state) 10. Usual occupation Retired	Due to		
11. Industry or business	Due to.		
	Other conditions ATT De truss. Next One		
12. Name Unknown 13. Birthplace Unknown			
14. Maiden name Unknown	(Include pregnancy within 8 months of death)		
P	Major findings of operations		
\$ 15. Birthplace Unknown	Daie of op.		
16. Informant Mrs. John H. Munshower	Autopsy results		
Address 219 E. 6th St., Frederick, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial Date thereof November 1, 19	Accident, suicide, or homicide		
Cemelery or comments Mount Olivet Cemetery	Where did injury occur?		
Location Frederick, Maryland	Injured at home, farm, Industry, public place (where?)		
18 Funeral director C. E. Cline & Son	Msans of Injury Injured at work?		
Address Frederick, Maryland	A College		
12 hom 1948 Elizabeth & Hech	23. SIGNATURE. M. D. or other		
(Date rec'd by registrar) Registrar	Address Date signed Date signed		

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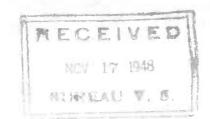
CERTIFICAT	IE OF DEATH Reg. Dist. No. 147			
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State			
How long in above place of death?	City or lown			
Now long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME James Emanuel	Refere 3. (b) Social Security Number			
1. Sex Scholor or race B.(a) Single, married, widowed, or divorced male Ithick massered	MEDICAL CERTIFICATION 20. DATE DF DEATH Proceed 13 1945 21 1:45 A			
6.(6) Name of husband or wife	21. I CERTIES that death occurred on the date above stated; that I attended deceased from 19.48 and that I last saw h from alive on No. 13.			
8. AGE: Years Months Days If less than one day	Immediate cause of death Disamles 2			
B. Birthplace State of Town, eounts, and state)	loue 10 Cambral Arlen coloronie 10 ym.			
1D. Usual occupation	Due to			
12. Name Davies Pryers Ind.	Diher conditions of the state o			
14. Malden name Systian Dzest Inyers	Major findings of operations.			
18. Interment Med Pracurice Phetzell	Autopsy results.			
Address 17. Burial, cremation, or removel, Which? (Burial, cremation, or removel, Which?) (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
(Burial, cremation, or removal, Whieh?) Cemetery or crematory Date thereof (month) (day) (year)	Where did Injury occur?			
18. Funeral director 2015 Annual State of State	Injured at home, farm, industry, public place (where?) Meens of Injury Injured at work?			
Address Thurmost Mod.	23. SIGNATURE M.D. or other			
19. Nov. 15 1948 Blanche S. Eyler (Date red by registrar) Registrar	The thought the start			

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

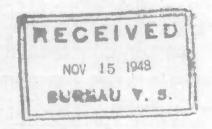
	Dist.		1	4	7	
leg.	Dist.	No.	 /	/	/	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write EURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war		
3.(a) FULL NAME Charles A. Ogi	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MAIC White White Widowed 6.(b) Name of husband or wife SARPIC G. Ogle 7. Birth data of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day 15 hrs. min. 9. Birthplace Town, county, and state)	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY fhat death occurred on the date above stated; that I attended deceased from 19. 48. and that I last saw h		
10. Usual occupation. 11. Industry or business	Due fo		
12. Hame Ephanim Ogle 13. Birthplace Mary and 14. Malden name Mary Mary Mary Mary Mary Mary Mary Mary	Other conditions		
16. Informant All II. I. I. I. Bak alux in g. Address Mt, Hirey Md. 17. (Burial, ecometica, or removal, Which?) Bate thereof I. (month) (day) (year)	Antopsy results		
(Burial, ecomation, or removal, Which?) Cemetery or erematory Location AMIANUILE FRENCE 18. Funeral director Address Six Field Man	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
19. Mary Date ree'd by registrar) 19. 48. Glasse A. Kushkar	Address MA an MA Bate signed 11-10-48		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly.

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e ce en own	DEPARTMENT OF HEALTH Charles St., Baltimore CATE OF DEATH Page Dist No. 13.9
1. PLACE OF DEATH: County Frederick City or town Maryland State Sanatorium (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 1/3/45 Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 1/3/45	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couoty Baltimore 18, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. 709 E. Alst. St.
3.(a) FULL NAME Beatrice F. Owings	3. (b) Social Security Number 215-07-8059
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced Single Single	MEDICAL CERTIFICATION 20. DATE DF DEATH NOVEMber 22, 19.48, 214:20 Au
6.(b) Name of husband or wife	years 21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1/3/45 19. Nov. 22 19.48 and that I last saw h er alive on November 22.9 1 mmediate cause of death Pulmonary Tuberculosis 5 Year:
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Bookkeeper 11. Industry or business 12. Name Samuel T. Owings 13. Birthplace Friendship, A.A. Co., Md. 14. Maiden name Beatrice Boyd 99. 15. Birthplace Baltimore, Maryland	Due to
16. Intermant Patient Address 17. Bundl Date thereof Ott 2 11. 194 (Burial, cremation, or removal, Which?) Cemetery or crematory Charine Com. Location Baltimare Md. 18. Funeral director. P. L. Cleages & Son. Address Thurmout, Md.	Where did Injury occur?
1919	strar Address Date signed Date signed

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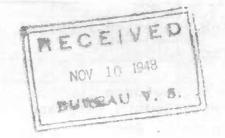
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CERTIFICATE OF DEATH

g. Dist. No. 131

1. PLACE OF D	erick			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	f mother)
City or tame. Fr	ederick	imita, write H	URAL and give nearest town)	State Maryland Co	ounty 12 COLL LOSE
How long in above pla	ce of death?	death occurre		313 East Chur	ts, write RURAL and give nearest town) Ch Street
	or Institution?			2.(a) It veteran, name war None	re LOCATION)
3. (a) FULL NA	ME		AM ROBINSON		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION
M	C	S		2D. DATE DF DEATH. NOVem	ber 7, 1,48 3:30P
	(,yr.) Apri	1 10,	c) It alive, give ageyears	21. I CERTIFY that death occurred on the date all and that I last saw balling on	DURATION
6. AGE. 4		Days 27	If less than one dayhrsmin.	meningtis, 4	refluence 8-10 day
tD. Usual occupatio	Infant	eounty, and		Due to	
12. NameG	eorge W. Frederick	Robin Coun	son ty Maryland	Dther conditions	
	7	77 0	rem ty Maryland nson	(Include pregnancy within 8	
to. Intuitiani			nson , Frederick, Mo	Autopsy results	
Buria		Date the	eol 11/9/48 (month) (day) (year)	22. VIOLENCE: It death was due to external confidency and accident, suicide, or homicide	Date of
Location	Freder	ick,	Maryland	tnjured at home, tarm, Industry, public place (
tB. Funeral director	16 D		son & Son	Means of injury	Injured at work?
Address			Maryland	23. SIGNATIVE TOWARD	W. alk. M. D.
10 9 Mar	1948	رے	Inabello J. Heck		yland Bate signed 11-8-48

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CERTIFICATE OF DEATH

Reg Dist No 132

	Reg. Dist. No	******	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	1	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County Change (County or town Madde Laws 18)		
How long in above place of death?	(If outside city or town limits, write RURAL and give neared) Street No. (If rural, give LOCATION)	est town)	
How long in hospital or inetitution?	2.(a) It veteran, name war.		
3. (a) FULL NAME Edward Rudy	3. (b) Social Security N	umber	
4. See 5. Color or tace 8.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 2D. DATE DF DEATH	210/	
8.(b) Name of husband or wife Esther O'real Toudy 8.(c) It alive give age 4. 9. years	21. I CERTIFY that death occurred on the date above etated; that I attended doceae	ad from	
7. Birth date et date	and that I last saw h. franc	DURATION DURATION	
69 3 15		10 min	
9. Ririhpiace (Town, county, and state) 18. Usual acausation.	Due to		
11. Industry or business	Due 10		
12. Rame Serge Perdey 13. Birthalass Pardeletowne Md.	Other conditions		
14. Maiden same Elongras Cochran 15. Birthalaca Widdle Lown Md.	(Include pregnancy within 3 months of death) Major findings of operations		
18. Interment Mrs. Enther Kindage	Autopsy results	atistically.	
17. (Burlai, eremation, or remeval. Which?) Data thereot. (month) (day) (year)	22. VtOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicida, or homicida		
Cametery or cramatory Conference Concentration Concentration Concentration Conference Co	Where did Injury occur? (City or town) (County) Injurad at home, taph, Industry, public place (where?)	(State)	
18. Funoral director Allahalla G. Addrees Middletown m.d.	Meene of Injury Injurad at work?		
19. Mal. 17 19 # Praire Gladball Registrar	Addrese Maria fales Date signed M	1/0	

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

city or town limits, write RURAL and give nearest town)

6.(a) Single, married, widowed, or divorced

S. (c) If alive, give age

Days

(Town, county, and state)

Widow

If less than one pay

...hrs.

(month) (day) (year)

23. SIGNATURE ...

Registrar

1111

E OF DEATH	Reg. Diat. No	>> * * * * * * * * * * * * * * * * * *
2. USUAL RESIDENCE (HOME) (For newborn infects give residence	OF DECEASED:	
100 70 1/	Nacoleana.	k
State II Janu land	County	4
City or town(If outside city or town lin	mits, write RURAL and give near	rest town)
Street No. (16 roral, g	rive LOCATION)	
2.(a) If veteran, name war		
1	3. (b) Social Security !	Number
en lan		
MEDICAL	CERTIFICATION	TE TOTAL
V DI	1-1	. 1 301
26. DATE OF DEATH.	4 1949	
21. I CERTIFY that death occurred on the date		
Jet 26	19. 79 10	4 10 7
and that I last saw b	5414	19
Immediate cause of death		DURATION
STONE -	1	

Due to		**** *** *** *** ** ** ***
	,	
Due to	»×»×«»»«»»»×««««««««««««««««««««««««««	*******************
***************************************		***************************************
Other conditions		8**88***********
(Include pregnancy within	3 months of death)	
Major findings of operations		
***************************************	Date of op	
Autopsy results		
PHYSiCIAN: Please underline the cause to	which death should be charged	statistically.
22. VIOLENCE: If death was due to external	causes, fill in the following;	
Accident, suicide, or homtcide	Dale of	
Where did injury occur?(City or tow		(State)
Injured at home, farm, Industry, public place		
Means of injury	injured at work?	0
mount of injury		11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: [

How long in above place of death?....

Now long in hospital or institution?

3. (a) FULL NAME

6.(b) Name of husband or wife

Years

7. Birth date of deceased (mo., day, yr.)

9. Birthplace ..

14. Maiden name.

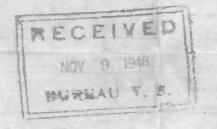
8. AGE:

4. Sex

Hospital, Institution, or street address where death occurred:

5. Color or race

Months



CERTIFICATE OF DEATH

Reg. Dist. No....

or town limits, write RURAL and give nearest town)

3. (b) Social Security Number

Injured at work?

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Tudelecte	ma l'
Cily or town	State County County
How long in above place of death? 23	Cily or town (If outside city or town limits, write RURA) and g
Hospital, Institution, or street address where death occurred:	
	Street No(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	
Elizabeth Eleanor Sc	heldt 3. (b) Social Sec
4. Sex 6. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Married	20. DATE OF DEATH. 2007. 19. 19.48. 15.
6.(b) Name of husband or wife. A shillt	21. I CERTIFY that death occurred on the date above stated; that I allende
	November 5 1847 to nove
7. Birth date of	and that I last saw h. En alive on more len
deceased (mo., day, yr.) March 5 1869	Immediate cause of death
8. AGE: Years Months Days If less than one day	,
79 8 14min.	Carcinomatosis
Racher Ridge Fred Md	Due to Sarcinono of
9. Birthplace (Town, county, and agate)	uterine covine
10. Usual occupation. Boundering	Para An
11. Industry or business	bue to
	Chrosis - myocardet
12. Name Samuel Standard 13. Birthplace Neyserlle, Mol.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Eliza Minetermale. 15. Birthplace Woodslow & Mol.	Major findings of operations. Swp3
15. Birthplace //oodovoro 2/100.	Chate of op
16. Informant James 6. Schuldt	Aotopsy results. Wy Cloud
Address Rocky Ridge	PHYSICIAN: Please underline the caose to which death should he cl
10 · 0 / 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 ·	22. VIOLENCE: If death was due to external causes, fill in the following
17. (Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Jalon	Where did Injury occur?
R. I. Ri-la	Injured at home, farm, Industry, public place (where?)
Location Location	Meens of Injury Injured at wor
18. Funeral director The Greenge & Jan	muens of injury injured at wor
Address Theremand, Mod.	23. SIGNATURE M Franchis
1. Nov. 22 1.48 Blanche & Eyler	There - 5 70.1
(Date rec'd by registrar) Registrar	Address Date

uou	
MEDICAL CERTIFICATION	
20. DATE OF DEATH 200 19 19 4 8 15	5501
21. I CERTIFY that death occurred on the date above stated; that I allended deceas	ed from
November 5 1947 to november	V 19. T
and that I last saw h. Sw. allve on Mrculon 19	197
Immediate cause of death	DURATION
Carcinonatosis	2 445
Due to Carcinona of	***************************************
Due to	
Other conditions Chronic nyocardifes	
(Include pregnancy within 8 months of death) Major findings of operations. Suppose of the state	vit
Major findings of operations. Oate of op. Aotopsy results. Oate of op. And operations Oate of op. Oate of op	ly 194
DUVCICIAN. Place underline the cases to which death should be charged at	stistically

item of information carefully. The causes of death clearly and legibly

BINDING

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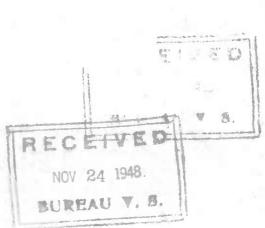
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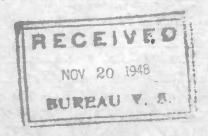
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

460

CERTIFICATE OF DEATH

I. TLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Today Deling	(For newborn infants give residence of mother)
(If outside city of town limits, write RURAL and grye nearest town)	State County County
	City or town Cural Smith Live
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
rospital, institution, of street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alvin Ernest Sense	nbaugh name
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
male, white	MEDICAL CERTIFICATION
made where suredowed	20. DATE DF DEATH. 27 52- 17 19 4 8 21 1 3 4 M
6.(6) Name of husband or wife. A. O. S. R. See See See See See See See See See Se	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of husband or wife	
6.(c) If alive, give ageyears	June 4 1848, 10 17 10 19 48
7. Birth date of deceased (mo., day, yr.) Feb. 18 18 71	and that I fast saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
d. AdE: Tests mentile bays	Garcinomalos guts
	-
9. Birthplace Hellwille Frederick C. md.	
(Town, county, and state)	Bue to Sparting the state of Lecture 192
1B. Usual occupation	
	Due to
11. Industry or business	· ·
12. Name James C. Sensenbaugh	Dther conditions
13. Birthplace Wallen and.	
	(Include pregnancy within 3 months of death)
14. Maiden oame arkanda murgana	Major findings of operations
15. Birthplace Hollsville and	
millor Cott	Date of op.
16. Informant	Autopsy results
Address Smithburg, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
. Busiel . A Jan 191948	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, solcide, or homicide
Cemetery or crematory Authors Cometery	Where did lojury occur?
26 01 25	Where did lojury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director, Gladhill Co	Means of injury Injured at work?
18. Funeral director	
Address Middletown, Ad.	6611 18
2-0/19 110 30 112+11	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	II anniuse / K Total William Doin olyman



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-	PLAINLY,
9-45-15M	WRITE
CTW CA	PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11445

CERTIFICATE OF DEATH

Dist No 144

CERTII TONI	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
pera seria oragi-	Saco 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or different 2 tradacced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 18. 10. November 19. 19. 18. and that I last saw h. Ex. alive on November 17. 19. 17. 8. Immediate cause of death Certification Remove hogy 12 days
9. Birthplace Thursday (Town, county, and state) 1D. Usual occupation	Due to. Attriosclerosis
11. Industry or business 12. Name	Diher conditions
16. Informant Mrs. Susaldini Strain OBuind Address Francisco M.	Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or remoyal, Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location The device has Tool 18. Funeral director D. L. Chengell a Sand	tnjured at home, tarm, Industry, public place (where?)
19. NOV 1 / 9 1948 Blanche S. Eyfler (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Curs more Mak - Date signed 1 4 19 4 8.







CERTIFICATE OF DEATH

131

					108. 2110. 110	***************
How long in above pla Hospital, institution, Near U	ederick-Foutside city or town loss of death? Since or street address where rbana or institution?	imits, write R 30, 19 death occurred			rother) Frederick Pal R. F. D. #	
	5. Color or race		HINI OFFICE	1		
M. Sex	5. Color of race	0.(676)2876	M		errification 21, 48	9:15F
	Octob	6.(6	orman) If alive, give age 66 years , 1877	21. **** That death decurred on the thic about the same of death	re stated; fhat bliended deceased f	19
8. AGE: Yes	Months	Bays 10	It less than one dayhrsmin.	Colomby	ham ball	184
9. Birthplace	• Luckett Farmer	, county, and a	doun-Virginia	Due fo		
11. Industry or busin	ess					
John W. Shry 12. Name Loudoun County Virginia				Dther conditions	***************************************	
13. Birthplace	Loudoun	county	Virginia	(Include pregnancy within 3 n	nonths of death)	
H 14. Malden nam	Prisci	lla Mc	Kimmey	Major findings of operations		
15. Birthplace	Loudoun (County	Virginia			
14. Malden name Priscilla McKimmey 15. Birthplace Loudoun County Virginia 16. Informant Mrs. Dora Shry				Autoney results	***************************************	
Address R.	F. D. #2	Fred	erick, Md.	PHYSICIAN: Please underline the cause to wh		tically.
Burial (Barbul, eventation, exercises, Which: (Barbul, exercises, Which: (B				Accident, suicide, or homicide	Date of	
Cemetery or Mount Olivet Cemetery				Where did injury occur?(City or town)		ate)
Frederick, Maryland				Injured at home, farm, industry, public place (wi	nere?)	
18 Funeral director	M. R.	Etchi	son and Son	Means of injury	laured at work?	
Address		rick,	Maryland	23. SIGNATURE	Unlun M. D. or ot	M. D.
19. 20 No.	registrar)	Eli	aluly Heck-	Fraderick Many		

MARGIN RESERVED FOR BINDING

W Surrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly A15 S



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131 Reg. Diat. No.

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Frederick information carefully of death clearly and Hospital, institution, or street address where death occurred: 422 North Market Street How long in hospitat or institution? 3. (a) FULL NAME GOLDIE MAY UNGLEBOWER 4. Sex item of i F Maurice Unglebower August 13. 1891 deceased (mo., day, yr.) It less than one day 8. AGE: 57 9. Birthplace Yellow Springs-Frederick-Maryla (Town, county, and state) Hospital Employee 11. Industry or business Frederick Memorial Hospital Charles W. Stone Frederick County Maryland 13. Birthotace 14. Maiden name Ida Engle 5 15. Birtholace Frederick County Maryland Maurice Unglebower Address 611 Chapel Alley, Frederick, Md. 11/16/48 (month) (day) (year) Burial St. Lukes Cemetery WRITE Feagaville, Maryland M. R. Etchison and Son Frederick, Maryland 23. SIGNATURE Sernard Klennes.

(Date rec'd by registrar)

Maryland co	Frederick	
Frederick	ишт,	
(If outside city or town limit	s, write RURAL and give nearest to	wn)
677 Chanal /	lley	
Stree1 No		
Mana		
2.(a) I1 veteran, name war NOTIO		
	3. (b) Social Security Number	er
	None	
MEDICAL C	ERTIFICATION	
2D. DATE DE DEATH	per 13, 19 48 18	:35F
21. I CERTIFY that death occurred on the date ab	ove stated. That I attended deceased tro	m
Zan 1/2 19	46 Nos 17	10 4
	* 10	19
and that I last saw h.C./ative on	D 00 : / 2	19 4.
Immediate cause of death		DURATION
Pulmenary Oedem	10	milor
	7	
Oue 1a My Market Co. Due 10	rdio-November 10	y
Other conditions		
(Include pregnancy within 3	months of death)	
Major findings of operations		
***************************************	Date of op	
Antopsy results	***************************************	
PHYSICIAN: Please underline the cause tn	which death should he charged statisti-	cally.
22. VIOLENCE: Il death was due to external ca	auses, fill in the following:	
Accident, suicide, or homicide		
anidos enicida or homicida		
Where did injury occur?(City or town)		
Where did injury occur?(City or town)		

Frederick, Maryland Date signed 11-15-48

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NOV 16 1948

BUREAU V. S.

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11448

CERTIFICATE OF DEATH

Ser. Dist. No. 139

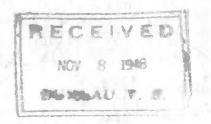
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Frederick	3.5		
City or town Maryland Tuberculosis Sanatorium (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death? Since 9/8/48	City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred: State Sanatorium, Maryland	Streel No. 1702 Rittenhouse Ave.		
How long In hospital or institution? Since 9/8/48	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John Weber	5.(c), 55511.53511.j, 112251		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH. November 5, 19.48 21 1:15Pm		
	21. I CERTIFY that death occurred on the date above stated: That I attended deceased from		
6.(b) Name of husband or wife	September 8 1948 to Nov. 5 1948		
7. Birth date of	and that I last saw him alive on November 5 18 48		
deceased (mo., day, yr.) December 10, 1876 8 A.G.F. Years Months Days If less than one day	Immediate cause of death		
o. Ada.	Pulmonary Tuberculosis 14 mos		
71 11 5 hrsmin.			
9. Birihplace Baltimore, Maryland (Town, county, and state)	Due to		
Boad work			
10. Usual occupation.	Oue to		
11. Industry or business			
12. Name William Weber 13. Birthplace Baltimore, Maryland	Other conditions		
3 13. Birthplace Baltimore, Maryland	(Include pregnancy within 3 months of death)		
E 14. Maiden name Mary Krueger	Major findings of operations.		
\$ 15. Birthplace Baltimore, Maryland	Date of op.		
14. Maiden name Mary Krueger 15. Birthplace Baltimore, Maryland 16. Informant Nephew-John W. Smith	Antopsy results.		
Address 1702 Rittenhouse Ave.BaltoMd	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) Oate fhereof (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory Machanilla Character of Comments of the Character of Comments of the Character of the	Where did injury occur? (City or town) (County) (State)		
Location raphy by land	Injured at home, farm, Industry, public place (where?)		
Edward P. Varia	Means of Injury Injured at work?		
1B. Funeral director Communication of the Communica	7/5.		
Address 239 gluatly fall	23. SIGNATURE A. Co. Seller.		
19 11-6 19 48 YROUN	R.W. Ballin M. Drogother		
(Date rec'd by registrar) Registrar	Address		

MARGIN RESERVED FOR BINDING

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WRITE

PLEASE



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: County Frederick City or lown Rural - Ijamsville (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? 13 Years Hospital, institution, or street address where death occurred:					- Ijams	Frederic ville	nearest town)	
How long in hospital or institution?					Street No	If rural, give L(
3. (a) FULL		WES CARR	OL WERK	ING			3. (b) Social Securit	y Number
4. Sex Male	5.	Color or race White		in married, widowed, or divorced.	1.		TIFICATION	5.300
6.(b) Name of husband or wite					21. I CERTIFY that death occurred or	on the date above	stated; that I attended do	eceased from
8. AGE:	Years	Months 11	Days 5	If less than one day	Immediate cause of death Cur Shat nin.	wows	1 y st	huy
9. Birthplace Lovettsville Virginia (Town, county, and state) 1B. Usual occupation. School Student 11. Industry or business 12. Name Warden W. Werking 13. Birthplace Loudoun County, Virginia 14. Maiden name Ella E. Rollison					(Include presents)	ney within 8 mo		
14. Maiden name Ella E. Rollison 15. Birthplace Loudoun County, Virginia 16. Informant Mr. Warden W. Werking Address Ijamsville, Maryland					Autopsy results	e cause to which		
17. Bur (Burial, cre Cemetery or	ial	Love	eran Ce ttsvill Cline &	not November 26, (month) (day) (year) metery e, Virginia Son	22. VIOLENCE: tf death was due to Accident, suicide, or homicide. A. Where did Injury occur? (Cillinjured at home, farm, industry, put Means of Injury 12 Ga.	Carle (arken) ity or town) ibiic place (when	Date of County)	(State)

FOR BINDING

MARGIN RESERVED

PLEASE WRITE PLAINLY



11450

CERTIFICATE OF DEATH

		OZICI II IOII	Reg. Dist. 140
Hospital, institution, or	Thurmont utside eity or town it of death?	mits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State
3. (a) FULL NAME		Y FORD WHITE	3. (b) Boolar Becauty Namoti
female.	5. Color or race White	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. Resculs 30 19 48 216 A
8. (b) Name of husband of husband of husband of deceased (mo., day, your season of the husband of h	Decembe	K. White	10 7-0 10 7000 30 18 7-9
1B. Usual occupation	Artist Person	city, Utah. eounty, and state) nal-portrait -Ford.	Due to
14. Maiden name 15. Birthplace	Uta	Young in	(Include pregnancy within 3 months of death) Major findings of operations
Address Croms 17	Thurmont ation or removal, Which? Lee Cr Washin	Date thereof Dec. 2, 1948 (month) (day) (year) eamatory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
1B. Funeral director	M. L. Cros	, Md.	Means of injury Injured 21 work? 23. SIGNATURE M. D. or other Address Date signed /2///4

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information careful. The is especially important. Physicians: please write the causes of death clearly and legibly PLEASE WRITE NS

DEC 3 1948
BUREAU V. S.

correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefu. The cise especially important. Physicians: please write the causes of death clearly and legibly.

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FOR BINDING

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CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: Fre Lease	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Real Rolls mills	State Maryland County Frederick
City or town(If outside city or town limits, write RURAL and give nearest town)	10 1 B 10 - 11 M
How long in above place of death? 30 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occorred:	Street No.
Tarm	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Charles Wesley Woo	3. (b) Social Security Number
4. Sex 5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION &
male while widowed	20, DATE OF DEATH 1500 155 1842, 206 46
8.(b) Name of husband or wife Lydia Stornes Adhisin	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) If alive, give ageyears	19,7
7. Birth date of	and that I last saw harmalive on 19
deceased (mo., dsy, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of Math
8. AGE: Years Months Days If less than one day	
9. Birthplace (Towns country, and state)	Due to
1D. Usual occupation. Farmer	Due to
11. Industry or business Tarsul	
12. Name Setting Molf	Dther conditions
13. Birthplace Mary Chro	(Include pregnancy within 3 months of death)
= 14. Malden name OBSHELLAN ASSESSED	Major findings of operations
14. Malden name Collabolistic Ashards 15. Birthplace Mary Land	Date of op.
16. Informant Harry W. Wolf	Antonew resnits
Address Brigging Mill	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 May 18 1448	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Amiles Bulking	Where did Injury occur?
Location & Thursword Many land	Injured at home, farm, Industry, public place (where?)
18. Funeral director G. H. Feelly & Bro	Means of Injury
Address Brunswick Md.	The Company of
10 Dost. 17 10 48 Kathreyn N. Bro	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Date signed



PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Many Land County Frederick
	City or town
How long in above place of death?	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME Lula M. Wrike	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white married	20. DATE OF DEATH 19 November 19. 15 2 21 3 P.
5.(b) Name of husband or wife freheing tropping	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6.(c) It alive, give age	7 November 19 4 4 10 18 Now 19 45
7. Birth date of 2001	and that I last saw h. E. A. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
57 8 13hrs.	min. Pardie Faller 24 hrs
E. h. Malle Fuderit Co me	Due to Oak sais & Clark in Parchia
9. Birthplace (Town, Jounty, and state)	Due to Wall grave allated Cartain
10. Usual occupation	Due to
11. Industry or business	
12. Name Lugini M. Hissich.	Differ conditions December Kois one
El 13. Birthplace federula la fra	(Include pregnancy within 3 months of death)
14. Malden name Bessei Eight 15. Birtholace Frederich Co. Mil	Major findings of operations
E 15. Birthplace Federal Lacke Co. Ma	Date of op.
16. Informant May War May Constitution of the	Autopsy results
Address Sabelle ville, Ma	22. VIOLENCE: 11 death was due to external causes, 1111 in the following:
(Burial, cremation, or removal, Which?) Date thereol	Pote of
It la cale Kel. Cheera be Classel	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory of the transfer of the t	tnjured at home, 1arm, industry, public place (where?)
Location Location Of The District	Msens of Injury Injured at work?
18. Funeral director.	
Address 7 J. Church St. Waynestery	23. SIGNATURE Todat A Taylar, N.D. or other
1919	
(Date rec'd by registrar) Regist	trar Address Address



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95C

11453

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Frederick	State Maryland County Frederick
City or term (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 18 Years	Cily or term [If outside city or town limits, write RURAL and give nearest town]
Hospital, institution, or etreet address where death occurred:	Street No. 158 B. & O. Avenue
Frederick Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution? About 4 hours	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
EUGENE H. WRIGHT	217-10-9844
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. No vember 19th 1948 21 9:00 A
6.(b) Name of husband or wife Altia M. Winpigler Wright	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Name of Manager wite	September 5 19 48 10 Nov. 19 19 48
7 Right date of	and that I last saw he carelive on November 19 19 48
deceased (mo., day, yr.) August 5, 1890	Immediate cause of death
8. AGE: Yeare Months Days If less than one day	Degenerative heart
58 3 11hrsmln.	disson
8. Birthplace Lebanon, Pennsylvania (Town, county, and state)	Due to Characie Con
	Bulusuale
1D. Usual occupation Painter	Due to
1t. Industry or business	
E 12. Name William Wright	Diher conditions
t2. Name William Wright 13. Birtholace Pennsylvania	
	(Include pregnancy within 3 months of death)
t4. Maiden name Frances Warthen 15. Birthplace Maryland Mrs. Flugene H. Wright	Major fiadings of operations.
E t5. Birthplace Mary Land	Date of op.
16. Informant Mrs. Eugene H. Wright	Autopsy results
Address 158 B. & O. Ave., Frederick, Md.	
	22. VIOLENCE: tt death was due to external causes, till in the tollowing;
t7. Burial Date thereof November 21, 101, (month) (day) (year)	Accident, suicide, or homicide
Cemelery or Mount Olivet Cemetery	Where did injury occur? (City or town) (County) (State)
Location Frederick, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. C. E. Cline & Son	Means of Injury Injured at work?
Address Frederick, Maryland	23. SIGNATURE Satteur 7. Woodward ru)
00 0 11	M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Frederick, Md . Date signed 11/19/48



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

Dist N.	121
D NT	121

11454

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town limits, write RURAL and give nearest town)	State M.d. County Frederick
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
nuspital, institution, of street aggress where geath occurred.	Street No. 6.15 Chapel Alley (If rural, kive, LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single-married, widowed, or divorced	uno
Femal White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
6.(b) Name of husband or the Herman H. 400-P	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	and that I last saw be alive on hovembe 30 1946
8. AGE: Years Months Days It less than one day	Immediate Gyre of death personal 3 Low
59 0 2min.	H. A., A.
9. Birthplace Middle town, county, and state	Due to Allengene Chillo
10. Usual occupation. House water	Due to
11. Industry or business	
12. Name I colo D. Minnick 13. Birthplace Middle town, Md.	Dither conditions.
	(Include pregnancy within 3 months of death)
14. Melden name.	Major fiedings of operations.
16. Interment Herman H. you - o	Actopsy results.
Address 615 Chapel Alley, Frederick Me	PHYSICIAN: Please noderline the caose to which death shoold he charged statistically,
(Burial, cramstion, or removal, Which?) Date therest, (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or Onionville lemetery	Where did injury occur?
Location Unionville, Md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director a laddill 05	Means of Injury Injured at work?
Address Middletown, Md.	as SIGNATURE Arvara les Clik M. S.
19 2 Dec 1948 Elizabeth G. Heck	23. SIGNATURE M. D. 95 other

sedie bertrode yours Le most all der lower Hopeway H. Jon-9 RECEIVED DEC 4 1948 MUREAU V. S. The second secon TOP ROBERTS ASSESSED TO D 9-10-11-13-12-13-17wis linged Aller Frehoude Mit reshard allowages July adjul 30 Minutela coll in a od the for